



Swindon Town FC

Safeguarding Adults at Risk Policy & Procedures

Version I.D	Reviewed by	Update details	Date of review	Endorsed by	Signature
1.1	Matt Waters	Post EFL Visit edits	2 nd November 2018	Steve Anderson	



Principles

Swindon Town Football Club (“the club”) is committed to safeguarding and protecting adults at risk and fully accepts its responsibility for the safety and welfare of all adults at risk who engage with the club. Simple flowcharts on how to respond to a safeguarding concern and what constitutes abuse and neglect can be found in Appendices 1, 2, 3 and 4.

The welfare of adults at risk is of paramount importance and all adults at risk have a right to be protected from abuse regardless of their gender, race, disability, sexual orientation, religion, belief or age. Through the application of policy, procedures and best practice, the club promotes the safety, welfare and well-being of all adults at risk enabling them to participate in any club activity in an enjoyable, safe and inclusive environment. This equally applies to the safety and security of those working with and who are responsible for the activities involving adults at risk.

Employees, workers, consultants, agency staff and volunteers who come into contact with adults at risk in club related activities should be positive role models and display high moral and ethical standards in line with the club’s vision and values.

This Policy and Procedures are compliant with legislation including but not limited to the Care Act 2014, statutory guidance, regional policies such as the London Multi-Agency Safeguarding Adults Policy and Procedures (2015) and governing body rules and regulations FA Rules. This Policy and Procedure should be read in conjunction with related club policies and procedures, a list of which are available in Appendix 5.

Scope

This Policy is for use across the club and is to be observed by all those working and coming into contact with adults at risk to ensure best practice in safeguarding is promoted and adhered to.

Activities undertaken at the following locations/departments are under the remit of this policy including:

- Swindon Town Football Club Academy environments
- Swindon Town First Team environments
- Swindon Town Ladies Football Club;
- The Energy Check County Ground;
- Stewarding and all other activities on matchdays and roles that comes into contact with adults at risk
- Travel, Events and Supporter Liaison

All employees, workers, consultants, agency staff and volunteers are made aware of the Policy and Procedures through induction and where appropriate their work with adults at risk is supported by a comprehensive on-going safeguarding training programme.

Definition of an Adult at Risk

An adult at risk is defined as someone who is aged 18 or over and:

- Has needs for care and support (whether or not the local authority is meeting any of those needs);
- Is experiencing, or is at risk of, abuse or neglect, and; As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.



Care Act 2014, Section 14.2

Safeguarding adults at risk is defined as:

- Protecting their rights to live in safety and to be free from abuse and neglect;
- People and organisations working together to prevent the risk of abuse or neglect, and to stop these from happening.

Recruitment and Disclosure

As part of the club's recruitment and selection process, offers of work for positions which come into contact with adults at risk are subject to a satisfactory self-declaration and a criminal record check (CRC) as relevant, CV checks, appropriate references, right to work in the UK checks and a qualification check, if applicable. All offers of work are subject to a satisfactory outcome to the rigorous screening process and until such time that all background checks are deemed as acceptable by the club, the person concerned is not permitted to commence work.

All employees, workers, consultants, agency staff and volunteers in a position of trust are required to undergo regular CRC disclosure clearances, normally every three years or earlier if required.

Should any person's CRC reveal any cautions, convictions, community resolutions, warnings or final reprimands the club will consider whether the nature of the offence/offences renders the person concerned unsuitable for working with adults at risk. In such circumstances, when the nature of any disclosure has to be considered, a risk assessment is carried out to evaluate the information contained within the disclosure certificate. The person may also be required to attend a risk assessment meeting with a Departmental Safeguarding Officer (DSO) and/or a member of the club's Safeguarding Team prior to a recruitment decision being made.

Further information can be found in the club's Recruitment Policy and Safer Recruitment Guidance.

All new employees, workers, consultants, agency staff and volunteers working with adults at risk at the club are required to complete a self-declaration on commencement of duties.

When the club uses suppliers or agencies to undertake its work, they are be subject to rigorous vetting and safeguarding checks and required to adhere to the club's policy and procedures as set out in their contracts or service level agreements where relevant.

Induction and training

During the induction process, employees who work with or come into contact with adults at risk are required to attend the club's safeguarding and protection training along with the Premier League safer working practice training. Employees also receive a copy of this Policy and Procedures as well as other club policies and are required to sign an acknowledgement that they have read and agree to abide by them.

Workers, consultants, agency staff and volunteers who have roles that work with or come into contact with adults at risk will undertake both club and Premier League training. They also receive copies of the club's Safeguarding Policies and Procedures and are expected to read and abide by them as set out in their Agreements. Refresher safeguarding training is provided every three years or earlier as required.



Roles and responsibilities

The club has a comprehensive safeguarding structure which ensures the safety and welfare of all adults at risk who interact with the club. For the purpose of this Policy and Procedure the Safeguarding Team consists of; the Head of Safeguarding, Safeguarding Coordinator and Safeguarding Administrator.

Chief Executive Officer - Steve Anderson – steve@swindontownfc.co.uk

Head of Safeguarding - Steve Anderson - steve@swindontownfc.co.uk

Designated Safeguarding Officer (DSO) - Ray Murphy – ray@swindontownfc.co.uk

Safeguarding Officers for Club:

Seamus Brady – Academy Director – seamus@swindontownfc.co.uk

Debbie Edgell – Academy Physio debbie.edgell@hondatrading.eu.com

Shane Hewlett- Footballing in the Community Designated Safeguarding Officer shane@stfc-fitc.co.uk

Employees, workers, consultants, agency staff and volunteers

Chief Executive Officer is responsible for all aspects of the club and to ensure safeguarding is a key priority at Board Level.

Head of Safeguarding/Safeguarding Manager is responsible for the strategic and operational direction and embedding safeguarding across the club. The Head of Safeguarding is also lead point of contact should safeguarding concerns arise and the Lead Disclosure Officer.

Designated Safeguarding Officer (DSO) – Is responsible for all operational aspects and embedding safeguarding in all of the football and community departments as well as being the lead point of contact in all those areas. Is responsible for ensuring all vetting checks including criminal record checks adhere to the club's Recruitment Policy as well as legislation and governing body rules.

Safeguarding Committee officers - are responsible for embedding safeguarding within their own departments as well as being the point of contact should a concern arise within their own departments.

Employees, workers, agency staff, consultants and volunteers are responsible for familiarising themselves with the club's policy and procedures, ensuring the safety and welfare of all adults at risk as well as promoting best practice and creating a safe and inclusive environment to prevent harm occurring through awareness of what constitutes abuse and neglect.

Abuse and neglect

There are 10 recognised categories of abuse under the Care Act 2014:

- 1.Neglect and acts of omission;
- 2.Sexual abuse;
- 3.Physical abuse;
- 4.Psychological/emotional abuse;
- 5.Discriminatory abuse which includes hate crime;
6. Financial or material abuse;
7. Organisational abuse;
- 8.Domestic violence when the victim is an adult at risk;
- 9.Modern slavery; and
- 10.Self-neglect which includes hoarding

Full descriptions of each category of abuse and neglect can be found in Appendix 4



Adults at risk may be at additional risk of abuse and neglect through some of the additional vulnerabilities they may face.

Additional vulnerabilities

Some adults at risk may have additional vulnerabilities and therefore when coming into contact with the club, further safeguards may need to be put in place to reduce the potential risk of abuse and neglect.

Online world

Although the online world provides many benefits to adults at risk, there are also a number of potential associated risks:

- Inappropriate language or images;
- Online grooming;
- Cyberbullying; and
- Sexting.

Further information about the online risks is contained in the club's Safeguarding Social Media Policy and Procedure which can be viewed in the Policy folder.

Radicalisation and extremism

Radicalisation and extremism of adults at risk is a form of psychological/emotional abuse. HM Government states that the aim of radicalisation is to attract people to a particular extremist ideology. In many cases it is with a view to inspiring an adult at risk to eventually become involved with harmful or terrorist activities. Radicalisation can take place through direct personal contact, or indirectly through social media. Extremism is defined as vocal or active opposition to fundamental British values including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. The club aims to prevent radicalisation and extremism through training and educating adults at risk in activities undertaken with the club.

Use of photography and film

All images are taken by club photographers who have been briefed by a club DSO or by a member of the Communications and Marketing Department responsible for the activity being photographed or filmed in an appropriate way and manner. Before taking images of adults at risk, the adult at risk or if they do not have capacity, his/her carers consent is sought in writing at the start of the season or prior to an event. In line with the Mental Capacity Act (2005), the club will always ensure the best interests of the adult at risk and least restrictive option is considered which may include the adult at risk not being photographed or filmed in club activities.

Good practice and code of conduct

To ensure adults at risk have the most positive and safe experience when engaging with the club, all employees, workers, consultants, agency staff and volunteers should adhere to the following principles and action (to ensure they role model positive behaviours and so reduce the risk of potential allegations, abuse and neglect occurring):

- Listen carefully to adults at risk about his/her needs, wishes, ideas and concerns and take them seriously;



- Treat all adults at risk equally not showing favouritism;
- Always work in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets);
- Make the experience of the activity fun and enjoyable;
- Promote fairness, confront and deal with bullying;
- Maintain a safe and appropriate distance with adults at risk and avoid unnecessary physical contact;
- Where any form of manual/physical support is required it should be provided openly and with the consent of the adult at risk;
- If adults at risk have to be supervised in changing rooms always ensure coaches etc. work in pairs;
- Coaches maintain their qualifications and professional development;
- A qualified first aider is in attendance or readily available;
- Maintain appropriate professional relationships with adults at risk, including only engaging with adults at risk online with prior approval and through the club's social media channels;
- On tours, ensure that adults should not enter an adult at risk's room unless there is a safety concern, in which case two adults should enter and also should not invite adults at risk into their rooms;
- Be a good role model, this includes not swearing, smoking or drinking alcohol in the company of adults at risk;
- Always give enthusiastic and constructive feedback rather than negative criticism;
- Promote the club's vision and values and be an ambassador for those values;
- Ensure adults at risk adhere to his/her relevant Code of Conduct;
- Secure written consent for the club to administer emergency first aid or other medical treatment if the need arises;
- Reward effort as well as performance;
- Challenge unacceptable or inappropriate behaviour;
- Encourage adults at risk to take responsibility for their own behaviour and performance;
- Keep a written record of any incident or injury that occurs, along with details of any treatment given or action taken using the club's Accident and Incident Report Form (Appendix 6);
- Recording safeguarding concerns on the Safeguarding Concern Form (Appendix 7).

This list is not exhaustive.

Unacceptable practice

The following are regarded as poor practice and should be avoided by all employees, workers, consultants, agency staff and volunteers:

- Unnecessarily spending excessive amounts of time individually with an adult at risk away from others;
- Being alone in changing rooms, toilet facilities or showers used by adults at risk;
- Taking adults at risk alone in a car journey unless a club pool car is used and written consent is sought from the club's Safeguarding Team for emergency situations;
- Taking adults at risk to your home or in a place where they will be alone with you;
- Sharing a room with an adult at risk;



- Engaging in rough, physical or sexually provocative games, including horseplay;
- Allowing or engaging in inappropriate touching of any form;
- Allowing adults at risk to use inappropriate language unchallenged;
- Making sexually suggestive comments to an adult at risk, even in fun;
- Reducing an adult at risk to tears as a form of control;
- Allowing allegations made by an adult at risk to go unchallenged, unrecorded or not acted upon;
- Doing things of a personal nature that the adult at risk can do for themselves;
- Not recording safeguarding concerns on the Safeguarding Concern Form (SCF);
- Having adults at risk engaged with the club as 'friends' or 'followers' within social networking sites such as Facebook, Twitter and Instagram;
- Sending inappropriate text messages or social media messages to adults at risk;
- Engaging with adults at risk on 'one to one' personal electronic communications.

This list is not exhaustive.

Searching adults at risk

To ensure the safety and security for all club activities all adults at risk may be subject to the club's search process. Adults at risk are asked to self-search as the preferred method; however should the club suspect that the adult at risk may be concealing a prohibited item, consent will be sought from the adult at risk and/or their carer before a Steward or Security member of the same sex being observed by a Supervisor searches the adult at risk.

Risk assessments

For all club activities including, trips, tours, events and activities, thorough risk assessments are completed to identify and minimise potential risks. The club's Health and Safety Policy outlines the process to undertake when completing risk assessments as well as how to capture information regarding accidents and incidents and how the club learns from such matters.

Where an adult at risk is involved in a trip, activity or event, a risk assessment must take account of his/her particular vulnerabilities whilst in the club's care. The risk assessment should set out what arrangements are in place for his/her care and supervision and how risks will be minimised. Activity leaders will be required to continually update risk assessments whilst leading such activities.

Supervision of adults at risk

The club adheres to best practice guidance from the local authority in relation to the supervision of club employees or workers to adults at risk. Generally, there should always be a minimum of two club employees or workers and ratio of:

- One club employee or worker to every ten adults at risk. Particular activities may require more or less club employees or workers to adult at risk ratios due to:
- Needs and capacity of the adults at risk;
- Nature of the activity and environment;
- Risk assessments or intelligence information identifying potential behavioural or other issues;
- Expertise and experience of the staff involved;
- Mixed gender adult at risk activities will require adults of both genders to supervise where possible.

Should the ratio not be suitable, the club's Safeguarding and Health and Safety Managers make a decision whether the activity or event takes place



Working with external partners

The club always ensures external partners and organisations we engage with promote the safety and welfare of adults at risk and this is outlined in contracts and/or service level agreements. External partners and organisations are required to demonstrate competencies in safeguarding and the club assesses this through its own safeguarding audits. Where organisations do not have their own satisfactory safeguarding arrangements they will be expected to comply with the club's standards.

Referrals

If the club has safeguarding concerns in relation to an adult at risk or their carers, the club may refer these concerns to external agencies. External agencies include, but are not limited to adult social care, children's social care, the police, health agencies, the FA and the Premier League (Appendices 1, 2 and 3).

Confidentiality

Every effort should be made to ensure that confidentiality of safeguarding cases is maintained for all concerned. Information should be handled and disseminated on a need to know basis only which would not normally include anyone other than the following:

- The Safeguarding Team;
- The adult at risk or the person raising the concern;
- The carer of the adult at risk who is alleged to have been abused, where appropriate;
- Local Authority and Police;
- Dependent on role, the National Governing Body

Employees, workers, consultants, agency staff and volunteers may have access to confidential information about adults at risk in order to undertake their responsibilities. In some circumstances, employees, workers, consultants, agency staff or volunteers may be given highly sensitive or private information. Confidential or personal information about an adult at risk should not be used for their own or others advantage.

Confidential information about an adult at risk should never be used casually in conversation, or shared with any person other than on a need to know basis. In circumstances where the adult at risk's identity does not need to be disclosed, the information should be handled anonymously.

There are some circumstances in which an employee, worker, consultant, agency staff or volunteers may be expected to share information about an adult at risk, for example when abuse is alleged or suspected. In such cases, employees, workers, consultants, agency staff and volunteers have a duty to pass information on without delay, but only to those with designated safeguarding responsibilities (DSO and Safeguarding Team).

If an employee, worker, consultant, agency staff or volunteer is in any doubt about whether to share information or keep it confidential, guidance should be sought from the club's Safeguarding or Legal Team. The storing and processing of personal information about adults at risk is governed by the Data Protection Act 1998.

Information sharing

The club abides by the 7 guiding principles as set out by HM Government on sharing information:

1. The Data Protection Act 1998 and human rights laws are not barriers to justified information sharing, but provide a framework to ensure that personal information about an adult at risk is shared appropriately;



2. Openness and honesty with the adult at risk (and/or their carer/family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek agreement, unless it is unsafe or inappropriate to do so;

Some disabled children may not be able to communicate verbally about abuse that they may be experiencing or have witnessed and so it is important to observe these children for signs other than 'telling'. Remember that the above signs should be seen as a possible indication of abuse and not as a confirmation. Changes in a child's behaviour can be the result of a wide range of factors. Even visible signs such as bruising or other injuries cannot be taken as proof of abuse without expert opinion. For example, some disabled children may show extreme changes in behaviour, or be more accident prone, because of their impairment. However, if you are concerned about a child or young person you have a responsibility to act on those concerns. A child or young person may also try to tell you directly about abuse. It is very important to listen carefully and respond sensitively.

Signs and Indicators of Bullying

A child may indicate by signs or behaviour that he or she is being bullied. Adults should be aware of these possible signs and that they should investigate if a child:

- says he or she is being bullied
- is unwilling to go to club sessions
- becomes withdrawn anxious, or lacking in confidence
- feels ill before training sessions
- regularly presents with clothing torn or training equipment damaged.
- has possessions go "missing"
- asks for money or starts stealing money (to pay the bully)
- has unexplained cuts or bruises
- is frightened to say what's wrong
- gives improbable excuses for any of the above.

Action to Help the Victim and Prevent Bullying

Swindon Town FC staff have a duty of care and should:

- Take all signs and complaints of bullying very seriously. Bullying is not "banter".
- Encourage all children to speak and share their concerns. Create an open environment.
- Reassure the victim that you can be trusted and will help them, although you cannot promise to tell no one else.
- Keep records of what is said - What happened? Who is involved? When & Where?
- Report any bullying concerns or allegations to the Safeguarding Manager who will coordinate the investigation and assess whether the circumstances require the involvement of Police or Social Services.
- Seek advice from the Safeguarding Manager/Safeguarding Team as to further action and who is to inform parent/carer of the child.



3. Advice is sought from the club's Safeguarding and/ Legal Team if there is any doubt about sharing the information concerned, without disclosing the identity of the adult at risk where possible;
4. Information is shared with informed consent where appropriate and, where possible, there is respect for the wishes of those who do not consent to share confidential information. Information will still be shared without consent if, in the club's judgement, there is good reason to do so, such as where safety may be at risk. Judgement will be based on the facts of the case;
5. Safety and well-being of the adult at risk is always considered;
6. Information is only shared when it is necessary, proportionate, relevant, adequate, accurate, timely and secure to do so;
7. Records of the club's decision to share information in relation to any reported concerns, with whom and the reasons are always recorded on the Safeguarding Concern Form (Appendix 7).

The club will share information with the relevant statutory agencies, the FA where appropriate in relation to safeguarding cases.

Review

The club shall review this Policy and Procedures at the end of every season or whenever there is a change in legislation, guidance, governing body rules or learning from safeguarding cases.

Consent

The first priority in safeguarding should always be to ensure the safety and welfare of the adult at risk. If concerns arise consent must be obtained from the adult at risk concerned before a referral is made to Local Authority Safeguarding Adults Team or the Police. If the adult at risk refuses to give consent, the employee, worker, consultant, agency staff or volunteer should seek advice and support from their DSO or the club's Safeguarding Team. Information should not be given to carers or other adults involved without the consent of the adult at risk. There are a number of circumstances whereby an external referral can be made without consent and these include:

- The adult lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act (see Appendix 8);
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent;
- Other people are, or may be, at risk, including children and young people;
- Sharing the information could prevent a serious crime;
- A serious crime has been committed;
- The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral;
- Employees, workers, consultants, agency staff and volunteers are implicated;
- There is a court order or other legal authority for taking action.

Responding to disclosures and concerns

It is not the responsibility of anyone within the club to decide whether or not abuse has taken place. However there is a responsibility to act on any concerns. The club assures all employees, casual workers, agency staff, consultants or volunteers that it will fully support and protect anyone, who in good faith reports his or her concern that a colleague or another is, or may be, abusing an adult at risk.



If an adult at risk informs you directly that they are concerned about another person's behaviour towards him/her, this is known as a disclosure. In this situation the following steps should be taken:

- Take the adult at risk to a safe and quiet place;
- React calmly so as not to frighten the adult at risk;
- Tell the adult at risk that he or she is not to blame and that he or she was right to tell you;
- Take what the adult at risk says seriously and do not be judgemental;
- If emergency medical treatment is needed, telephone for an ambulance;
- Avoid leading the adult at risk in discussion and keep any questions to the absolute minimum. Ask only what is necessary to ensure a clear understanding of what has been said
- Reassure the adult at risk but do not make promises of confidentiality or outcome;
- No contact should be made with the alleged abuser, particularly if this is another adult at risk or the carer of the alleged victim;
- Do not commence an investigation into the incident;
- Refer the concern to the Safeguarding Team immediately;
- Make a record using the club's Safeguarding Concern Form.

For a flowchart of the process to follow, please see Appendices

Preserving the evidence

Your first concern is the safety and welfare of the adult at risk. However, your efforts to preserve evidence may be vital. In all cases the preservation of evidence is crucial especially if any police investigation is required to be effective. What you do or do not do in the time whilst you are waiting for the police to arrive may make all the difference. Below are some helpful points:

In situations of physical and/or sexual assault:

- In physical abuse cases, where an adult at risk wishes to show you an injury, only observe what he/she consents to show you and what is appropriate;
- Do not touch what you do not have to. Wherever possible leave things as they are. Do not clean up, do not wash anything or in any way remove fibres, blood etc. If you do have to handle anything at the scene keep this to a minimum;
- Do not touch any weapons unless they are handed directly to you. If this happens, keep handling to a minimum. Place the items/weapons in a clean dry place to hand to the police;
- Preserve anything that was used to comfort the abused adult at risk, for example a blanket;
- Secure the room. Do not allow anyone to enter unless strictly necessary to support you or the abused adult at risk and/or the alleged perpetrator, until the police arrive. Prior to the arrival of the police and medical examination:
- Ensure that no one has physical contact with both the abused adult at risk and the alleged perpetrator as cross contamination can destroy evidence;
- Encourage the victim not to shower;
- Encourage the victim not to change clothing;
- Even when the adult at risk says they do not want police involvement, preserve items anyway as the adult at risk may change his/her mind later or you may be legally obliged to inform the police;
- Encourage the adult at risk not to eat or drink if there is a possibility that evidence may be obtained from the mouth.



Managing allegations against employees, workers, consultants, agency staff and Volunteers

Should a concern arise about an employee, worker, consultant, agency staff or volunteer's conduct in relation to an adult at risk, this should be reported to the club's Safeguarding Team who will take such steps as considered necessary to ensure the safety of the adult at risk in question and any other person who may be at risk. The employee, worker, consultant, agency staff or volunteer raising the concern should complete the club's Safeguarding Concern Form (Appendix 7). When managing an allegation against an employee, worker, consultant, agency staff or volunteer the Safeguarding Team will follow this process:

- The allegation will be referred to the Local Safeguarding Adults Team and/or the Police;
- The carers of the adult at risk will be contacted as soon as possible, if applicable, following advice from statutory agencies;
- Senior Management will be notified and if applicable the Premier League and the FA;
- If a member of the Safeguarding Team is the subject of an allegation, the report must be made to the Human Resources Director who will refer the allegation to the appropriate statutory agencies;
- If required, a full investigation and possible disciplinary action in accordance with the club's Disciplinary Policy for employees will follow. Workers, consultants or agency workers may have their Agreements terminated;
- Referrals as appropriate will be made to the Disclosure and Barring Service (DBS).

For a flowchart of the process to follow, please see Appendix 3.

Managing concerns for an Adult at risk

Any concern relating to the abuse of an adult at risk by another adult at risk must be dealt with through this Policy and Procedures. Any such concern should be reported immediately to the DSO who will inform the Safeguarding Team.

Making a referral

All employees, workers, consultants, agency staff and volunteers should complete the club's Safeguarding Concern Form (Appendix 7) after referring any case to the DSO and/or Safeguarding Team. The Safeguarding Team will contact the relevant Local Authority Safeguarding Adults Team completing their Referral Form and update the Safeguarding Concern Form for the club's records.

What to do if an adult at risk is in danger of immediate harm

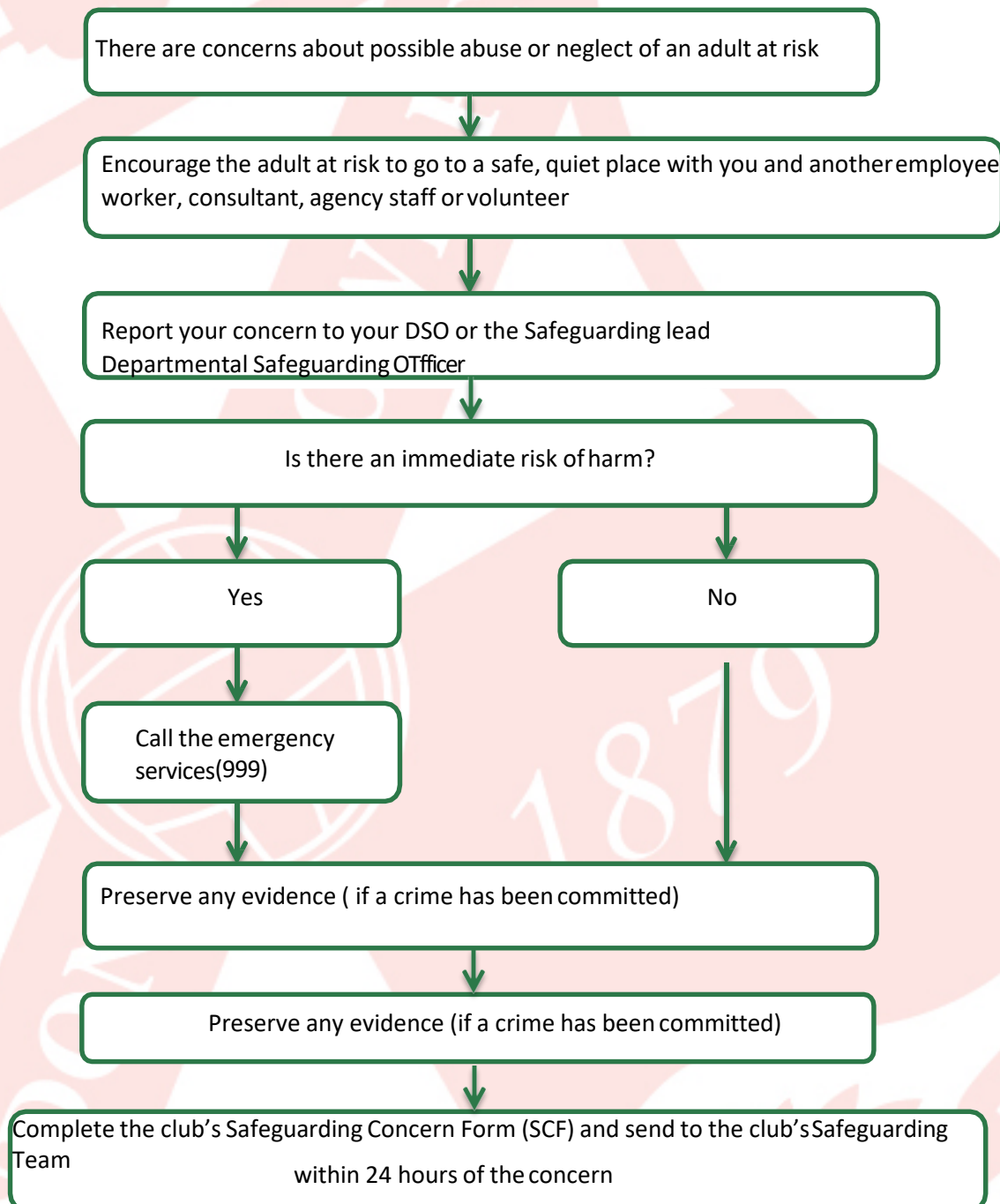
The first priority is to ensure the adult at risk is in a safe place away from the alleged perpetrator. Emergency services should be summoned whenever a situation is felt to be beyond the control of employees, casual workers, agency staff, consultants or volunteers. In addition employees, workers, consultants, agency staff and volunteers should have, readily available, all the contact numbers of the club's Safeguarding Team, DSOs, colleagues, or other services which can assist in an emergency or urgent situation.

Report the matter to the Safeguarding Team and/or People Director at the earliest opportunity. In the absence of the Safeguarding Team and/or People Director, contact the London Borough of Islington Adult Access and Advice Team (telephone 020 7527 2299) and/or the police on 101 for help and to ensure the correct procedure is followed.



Appendix 1

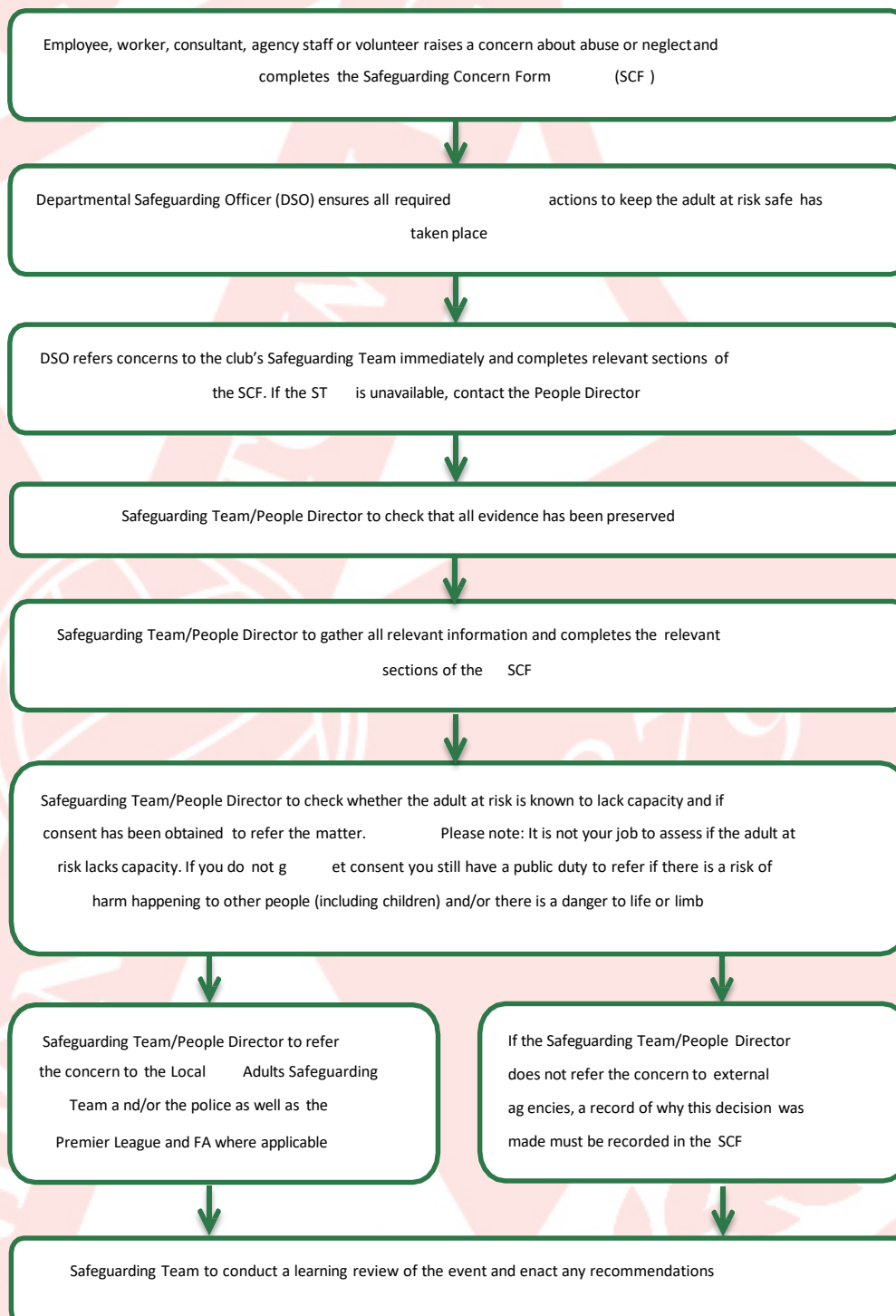
Flowchart for employees, workers, consultants, agency staff and volunteers who raise a concern about a vulnerable adult





Appendix 2

Flowchart for Departmental Safeguarding Officers (DSO) and Safeguarding Team (ST) making a referral





Appendix 4

Categories of abuse and neglect as defined by the Care and Support Statutory Guidance (2014)

Neglect and acts of omission	Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
Sexual abuse	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
Physical abuse	Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanction.
Psychological/emotional abuse	Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
Discriminatory abuse including hate crime	Forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
Financial or material abuse	Theft, fraud, internet scamming, coercion in relation to an adult at risk's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Organisational abuse	Neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
Domestic violence	Psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; female genital mutilation; stalking and forced marriage.
Modern slavery	Slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
Self-neglect	Neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.



Appendix 5

Club policies and procedures and relevant legislation

Other applicable club Policies and Procedures

- Bullying and Harassment Policy
- Data Handling and Protection Policy
- Disciplinary Policy
- Equal Opportunities Policy
- Grievance Policy
- Health and Safety Policy
- Human Rights and Modern Slavery Policy
- Recruitment Policy (and Safer Recruitment Guidance)
- Safeguarding Children and Young People Policy and Procedures
- Safeguarding Social Media Policy
- Transport Policy
- Whistleblowing Policy
- Key Government Initiatives and Legislation
- Achieving Best Evidence 2002
- Care Act 2014
- Counter-Terrorism and Security Act 2015
- FA Respect Codes of Conduct
- HM Government Information Sharing Guidance for Practitioners 2015
- Equality Act 2010
- Human Rights Act 1998
- Mental Capacity Act 2005
- Modern Slavery Act 2015
- Protection of Freedoms Act 2012
- Sexual Offences Act 2003
- Police Act 1997
- Premier League Guidance for Safer Working Practice
- Premier League Rules
- Rehabilitation of Offenders Act 1974
- Safeguarding Vulnerable Groups Act 2006
- Data Protection Act 1998



Appendix 6 Incident/Accident/Injury Report Form

Swindon Town Football Club Accident Report Form

Date of incident _____ Time of incident _____

Venue _____

Injured person

Player Match Official Coach Spectator Other

Name _____ DOB _____

Address _____ Age _____

Postcode _____ Gender Female Male

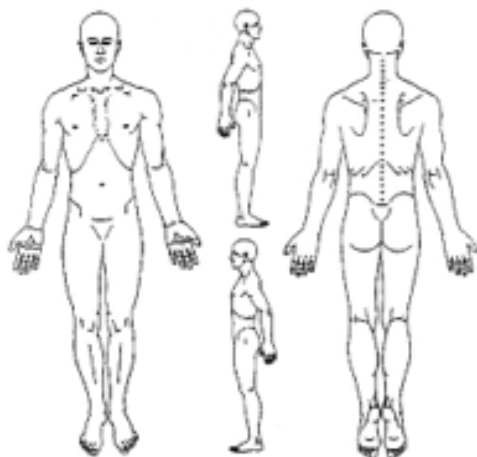
Type of activity at time of injury

Training Cool Down
 Warm-up Other *please specify*
 Competition

Reason for presentation

New Injury Illness
 Aggravated injury Other *please specify*
 Recurrent injury

Body parts injured *circle and name*



Nature of injury/illness

<input type="checkbox"/> Bruise/contusion	<input type="checkbox"/> Inflammation/swelling	<input type="checkbox"/> Loss of consciousness
<input type="checkbox"/> Skin injury e.g. cut, blisters	<input type="checkbox"/> Fracture (including suspected)	<input type="checkbox"/> Overuse injury
<input type="checkbox"/> Sprain e.g. ligament tear	<input type="checkbox"/> Dislocation/subluxation	<input type="checkbox"/> Respiratory problem
<input type="checkbox"/> Strain e.g. muscle tear	<input type="checkbox"/> Concussion	<input type="checkbox"/> Cardiac problem
<input type="checkbox"/> Other <i>please specify</i>		



Cause of injury

- | | | |
|--|---|--|
| <input type="checkbox"/> Collision with other player | <input type="checkbox"/> Slip/trip/fall/stumble | <input type="checkbox"/> Collision with fixed object |
| <input type="checkbox"/> Fall from height | <input type="checkbox"/> Overexertion | <input type="checkbox"/> Struck by other player |
| <input type="checkbox"/> Awkward landing | <input type="checkbox"/> Struck by ball/object | <input type="checkbox"/> Overuse |
| <input type="checkbox"/> Jumping to shoot or defend | | |
| <input type="checkbox"/> Other <i>please specify</i> _____ | | |

Explain how the incident occurred

Were there any contributing factors to the incident e.g. unsuitable footwear, playing surface, equipment, foul play etc

Initial treatment

- | | | |
|--|---|---|
| <input type="checkbox"/> None given (not required) | <input type="checkbox"/> Immobilisation | <input type="checkbox"/> Strapping/taping |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Ice | <input type="checkbox"/> Stretch/exercises |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Sling/splint | <input type="checkbox"/> Transport from field/court |
| <input type="checkbox"/> Other <i>please specify</i> _____ | | |

Advice given

- Immediate return to activity
- Return to play with restriction
- Unable to return at present
- Referred for further assessment before returning to activity

Notice

The injured person was advised that if injury/illness does NOT improve in the following 24-hours they MUST seek further advice from their own medical professional

Tick Initial

Provisional severity assessment

- Mild (1-7 days modified activity)
- Moderate (8-21 days modified activity)
- Severe (>21 days modified or lost)

Referral

- | | |
|--|------------------------------------|
| <input type="checkbox"/> No referral | <input type="checkbox"/> Ambulance |
| <input type="checkbox"/> Medical practitioner | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Physiotherapist | |
| <input type="checkbox"/> Other <i>please specify</i> _____ | |

All of the above facts are a true and accurate record of the accident;

	Injured party	Parent/Guardian <small>(if aged under 18-yrs)</small>	Treating person
Name	_____	_____	_____
Signature	_____	_____	_____



Appendix 7- Incident Reporting Form

Child Protection Incident Reporting Form

1. Please indicate what you are reporting:

I have concerns that abuse may be occurring (complete sections 2 and 3)

I was involved in an incident with a child (complete sections 2 and 4)

I was a witness to an incident with a child (complete sections 2 and 4)

I have received an allegation of abuse (complete sections 2 and 5)

A child has told me that they are being abused (complete sections 2 and 5)

2. Important information:

Your name _____

Your contact details _____

Name of child concerned _____

Capacity in which child is known to you _____

Any other useful information relating to the child (eg: home address, school, date of birth) _____

Is the child aware of this referral. Yes/No (if no explain why)

Is the Parent/Carer aware of this referral. Yes/No (if no explain why)



3. Concerns that abuse may be occurring

Please record the concerns that you have regarding a child or adult:

Continue on a separate sheet if necessary

4. Incident with a child

Please indicate which of the following has occurred:

I accidentally hurt a child.

A child misinterpreted or misunderstood something I have done.

I have had to use reasonable physical restraint.

I was witness to one of the above (please indicate which one)

Please provide further information, including any action taken so far and the reasons for doing so.

Continue on separate sheet if necessary



5. Allegation/Disclosure of abuse:

Allegation received from: _____

Allegation received on: _____

Name of person about whom allegation has been made:

Please use space below to record the details of the allegation or disclosure you received. This should be a factual account of the information you have received only. Do not include assumptions or opinions of others. Make sure you record details of dates and times and any other potentially useful information. If the disclosure has come from a child who is claiming they are being abused, the conversation should be recorded in their words. If there are any injuries to the child, describe the injuries but do not remove clothing to inspect a child. Do not attempt to investigate the matter yourself. Also record any action you have taken.

Continue on a separate sheet if necessary

Name

Signature _____ Date _____

After completion all documents should be returned to the Club Safeguarding Officer



Appendix 8

Mental Capacity

Generally, it is not for the club, employees, workers, consultants, agency staff or volunteers to make a decision about whether an adult at risk lacks mental capacity in relation to the concern in question, but it is useful to have an understanding of the notion of capacity explained below:

Definition

- The ability to make a decision at a particular time. The starting assumption must always be that an adult at risk has the capacity to make a decision, unless it can be established that an adult at risk lacks capacity.
- The term “lacks capacity” means an adult at risk who lacks capacity to make a particular decision or take a particular action for themselves at the time when the decision or action needs to be taken. This reflects the fact that some people may be unable to make some decisions for themselves, but will have capacity to make other decisions. For example the adult at risk may be able to make small decisions about everyday matters such as what to wear or what to eat but lack capacity to make more complex decisions about financial matters.
- It also reflects that an adult at risk who lacks capacity to make a decision at a certain time may be able to make that decision at a later date - this may be due to illness or accident.

Assessing Capacity

An adult at risk’s capacity must be assessed specifically in terms of his/her capacity to make a particular decision at the time it needs to be made. Anyone assessing another’s capacity to make a decision for the adult at risk should use the two-stage test of capacity:

Stage 1

Does the adult at risk have an impairment of the mind or brain, or is there some sort of disturbance affecting the way his/her mind or brain works? It does not matter whether the impairment/disturbance is temporary or permanent.

Stage 2

If so, does that impairment or disturbance mean that adult at risk is unable to make the decision in question at the time it needs to be made?

Assessing ability to make a decision

- Does the adult at risk have a general understanding of what decision he/she needs to make and why he/she adult at risk needs to make it?
- Does the adult at risk have a general understanding of the likely consequences of making, or not making, this decision?
- Is the adult at risk able to understand, retain, use and weigh up the information relevant to a decision?
- Can the adult at risk communicate his/her decision (by talking using sign language or any other means)? Would the services of a professional (such as a speech and language therapist) be helpful?

Assessing capacity to make more complex or serious decisions

In most instances a Doctor or Social Care professional will have assessed an adult at risk’s capacity. Where background information is provided from a partner agency or the adult at risk themselves, the information should be stored confidentially.

An Independent Mental Capacity Advocate (IMCA) should be appointed to assist an adult at risk who is judged to lack capacity and face serious decisions with no other person to be an advocate for the adult at risk.



The statutory principles

The Mental Capacity Act 2005 sets out five statutory principles.

1. An adult at risk must be assumed to have capacity unless it is established that he/she lacks capacity;
2. An adult at risk is not to be treated as unable to make a decision unless all practical steps to help him/her to do so have been taken without success;
3. An adult at risk is not to be treated as unable to make a decision merely because he/she makes an unwise decision;
4. An act done or decision made, for or on behalf of an adult at risk who lacks capacity must be done, or made, in his/her best interests; and
5. Before the act is done, or the decision is made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the adult at risk's rights and freedom of action.



Appendix 9 - Additional Safeguarding Contacts

Emergencies - 999

Non-emergencies - 101

Refuge- Domestic Violence advice and support for Women - 0808 200 0247

www.refuge.org.uk

Survivors UK - advice and support for men

020 3598 3898

www.survivorsuk.org

Respect - help for perpetrators of domestic violence

020 3598 3898

www.survivorsuk.org

Action on Elder Abuse

0808 808 8141

www.elderabuse.org.uk



Version I.D	Reviewed by	Update details	Date of review	Endorsed by	Signature
1.1	Matt Waters	Post EFL Visit edits	2 nd November 2018	Steve Anderson	

Signed.....

Date of Renewal.....

Review Date: July 2019

Steve Anderson
Chief Executive

